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| Karr Tuttle Campbell ATTN: PRIYA SINHA CLOUTIER 1201 Third Ave., Ste 2900 Seattle, WA 98101 | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | |
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| APPLICATION NO. | APPLICATION NO. FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/790,885 03/01/2004 Richard Kaplan 307-002-09 2598 TITLE OF INVENTION: AUTOMATED INSOMNIA TREATMENT SYSTEM | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE I | FEE TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$755 | \$300 | \$0 | \$1055 | 12/30/2009 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS |] | | |
| GILBERT, SAMUEL G | | 3735 | 600-026000 | • | | |
| "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME AI PLEASE NOTE: Unli recordation as set forth (A) NAME OF ASSIGNEE ON 6 0 - DAY 2 - 2 - 5 0 - DAY | ess an assignee is identi n in 37 CFR 3.11. Comp GNEE TE RESEAR | ' Indication form ed. Use of a Customer A TO BE PRINTED ON T | (B) residence: (City MOND, INC. | vely, e firm (having as a magent) and the names rneys or agents. If no printed. be) atent. If an assignee assignment. and STATE OR CO | nember a of up to name is 3 | SINHA CLOUTIEF SUFRIN ocument has been filed for |
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| Typed or printed name | PRIYA SIN | IHA CLOUTIE | R_ | Registration No. | 59637 | |
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